LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: 2009 ORIGINAL REPORT
AMENDED REPORT
☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.
Office Sought: State Representative, Dist 87 Incumbent: Tyes I
Name of Filer (print full name): Girod H. Jackson, III.
Mailing Address: 2313 Bellaire Lane
City, State, Zip: Harvey, LA 70058
Name of Spouse (print full name): NP
Spouse's Occupation: NA
Spouse's Principal Business Address: NA City, State Zip: NA
Check all that apply:
\Box I have filed my state income tax return for the previous year. $ ot\!\!\!m{\chi}$ I have filed for an extension of my state income tax return for the previous year.
☐ I have filed my federal income tax return for the previous year.
I have filed for an extension of my federal income tax return for the previous year.
NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.
Certificate of Accuracy
I do hereby certify, after having been duly sworn, that the information contained in this personal
financial disclosure statement is true and correct to the best of my knowledge, information, and belief.
Signature of Filer 9th Ave. 10-
Sworn to and subscribed before me on this $\frac{9 \text{ M}}{\text{day of }} \frac{406057}{2012}$
Notary Public (print name)
James 1 A Trushe (print name)
Notary Public (signature)
1D# C/2018 LF DITE KOLIFIT
Date Commission Expires

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Schedule A: Employment Information

M Check if not applicable ∏Filer ∐Spouse Full-Time Part-Time Job Title: Name of Employer: Address: City, State, Zip: Job Description: ☐Filer ☐Spouse Full-Time Part-Time lob Title: Name of Employer: Address: City, State, Zip: Job Description: ☐Filer ☐Spouse Full-Time Part-Time fob Title: Name of Employer: Address: City, State, Zip: Job Description: □Filer □Spouse Full-Time Part-Time lob Title: Name of Employer: Address: City, State, Zip: Job Description:

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is fulltime or part-time.

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Schedule B: Positions - Business

and the state of t	
Willer Spouse Both	
Amount of interest (amount exceeds 18%):	%
Name of Business: Diversified Vertices (1	 ,C
Address: 1500 Mayoffe St 149	1-A
City, State, Zip: Greatha, La. 10053	
Business Description: (entry) ha	
Nature of Association: Owner	
□Fifer □Spouse □Both	
Amount of Interest (amount exceeds 1896):	%
Name of Business:	<u> </u>
Address:	
City, State, Zip:	
Business Description:	
Nature of Association:	
□Filter □Spouse □Both	
Amount of interest (amount exceeds 10%):	%
Name of Basiness:	_
Address:	
City, State, Zip:	
Business Description:	
Nature of Association:	

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^{*} You are required to complete \$CHEDULE Bif you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND If you or your spouse (either individually or collectively) mem an interest in a business which exceeds 10%.

^{* &}quot;Business" means any conjugation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, selfemployed individual, building company, trust, or any other logal entity or person.

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Schedule C: Positions - Nonprofit

Check if not applicable		r Lastfiati	ia - Mosibi	FOFFE .		
□Piler □Spoese		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Name of Organization:		•	•			
Address:			_			
City, State, Zip:						
Nature of Association:				· · · · · · · · · · · · · · · · · · ·		
Description of Organization:						
∏Filer ∏Spouse						
Name of Organization:				•		
Address:		Am • • • • • • • • • • • • • • • • • • •				
City, State, Zip:						
Nature of Association:						
Description of Organization:					-	
□Filer □Spouse		· · · · · · · · · · · · · · · · · · ·		7		
Name of Organizations						
Address:						
City, State, Zip:						
Nature of Association:				Maria de la companya		
Description of Organization:	· .					

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Schedule D: Income from the State, Political

Check if not applicable Subc	livisions,and/or Gaming Interests
Filer Spouse Busine	SS (where amount of objectest circleds 10%)
Тур	e of Income: XState Political Subdivision Gaming Interest
Name of Business (Happilcable):	
Name of Income Source:	House of representatives
Address: D.O. Box 9	406>
City, State, Zip: Trefon fle	
Amount of Income (exact dollar amount	= \$ <u>71, 181 · 60</u>
□Filer □Spouse ■Busine	SS (where amount of interest exceeds 10%).
Тур	e of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable):	Son Parish Housing Authority
Name of Income Source 1000	son Parish Housing Authority
- 110 DETEN	/ } /
City, State, Zip: MArrero	, CA. 70072
Amount of Income (exact dollar amount)	* \$ 164,011.00
Filer Spouse Busine	SS (where amount of interest exceeds 10%)
Тур	e of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable):	
Name of Income Source:	
Address:	
City, State, Zip:	
Amount of income (exact dollar amount)	= \$

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^{*} You are required to complete SCHEDVILE Diffyou or your spouse received income from the State, any political subdivision, and/or a gaming interest OR If a business in which you ar your spouse owns an interest which exceeds IOX (either individually or collectively) received income from the aforementioned sources.

[&]quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;income" (for an individual) means taxable income and shall not include any income received pursuant to a fife insurance policy.

^{*} The definitions for (and examples of) political subclinision, gaming interest, and business are found in the instructions Section of this form.

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Schedule E: Income Received from

	Employment
□Filer □Spouse □Full-	-Time []Part-Time
Name of Source of Income:	
Address:	
Pitta States Time	
Nature of Services Rendered (pursuant to such employment):	
Amount of Income: Category I described	
Category BII (\$25,000	S100,000) [Category IV (move than \$100,000)
F	Time Part-Time
Name of Source of Income:	
Address:	
City, State Zin-	
Nature of Services Rendered (pursuant to such employment):	
Amount of Income: Category I fless than \$	5,800) Category II (\$5,000-\$24,949)
Category M (\$25,000	
Filer Spouse Full-	Time Part-Time
Name of Source of Income:	
Address:	
City, State, Zip:	
Nature of Services Rendered (pursuant to such employment):	
Amount of Income: Category I (essthan) Category III (\$25,000-	

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^{*} You are required to complete SCHEDINE E to disclose the income secenced by your aryour spouse for each full-time or past-time employment

[&]quot;income that is reported on SCHEDURE is does not have to be restated on SCHEDULE E.

^{*}income received through self-employment is reported on SCHEDULE F.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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Schedule F: Income Received from Check if not applicable

business interests	
AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:	
Category I (ess than \$5,000) X Category II (\$5,000-\$24,999)	
Category III (\$25,660-\$160,000) [] Category IV (more than \$100,000)	
DFiler Spouse	
Name of Business: Diversified Ventures LLC	
Address: 1500 Laparette St, 144-A	
City, State, Zip: Greeting, LA. 70053	
Nature of services rendered on	
reason income was received: Management	
Ffler [Spouse	
Name of Business:	
Address:	
City, State, Zipe	
Nature of services rendered on	
reason income was received:	·
Filer [Spause	
Name of Business:	
Address:	
City, State, Zip;	
Nature of services readered on	
reason income was received:	
<u> </u>	

Tous are required to complete SCHEDULE Fif you or your spouse received income from a business interest.

[&]quot; "income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;income" (for an individual) means taxable income and shall not a clude; any income received pursuant to a life insurance policy.

^{*}Income reported un SCHEDLEE D or E does not have to be restated on SCHEDULE F.

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Schedule G: Other Income

Check if not applicable (any other income that en	iceeds \$1,000 from each source)
NEiler [Sponse	
Description of income: Rental Property	- snant
Nature of services rendered or reason income was received:	Property Income
Amount of Income: Category I described \$5,000;	ategory II (55,000-424;999)
Category 23 (\$25,000-\$280,000) [] C	afegory IV (morethan \$190,606)
Filer Spouse	
Description of Income:	
Nature of services rendered or reason income was received:	
Amount of Income: Category ! (less than \$5,000)	ategory II (\$5,000-\$24,9 49)
Category W (\$25,000-\$200,600)	ategory IV (monethan \$100,800)
_FilerSpouse	
Description of Income:	
Nature of services rendered or reason income was received:	
Amount of Income: Category I (resultan \$5,000)	aregory II (\$5,040-\$24,999)
	ategory IV (move than \$100,000)

[&]quot;You are required to complete 50HEDULE G if you or your spouse received any other type of Income that exceeded \$1,000 from any one source.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

[&]quot;You are not required to report income that is desived from child support and almony payments contained in a court order, or from disability payments from any source.

^{*}Bussme that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

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Schedule H: Immovable Property (a property that exceeds \$2,800 in value)

Whiler DSpouse	Both		
Location of Proper Country: Description of Proper	5. State:	Parish/County:	24 w.5
_ hental	Property		
Fair Market or	Category i Gers than \$5,000g	Category II (\$5,000-\$24,995)	
Use Value:	Sategory III (\$25,000-\$ 100,000)	Category iV (mose than \$100,000)	
□Fiter □Spouse	_ Both		
Location of Proper	rty State:	Parish/County:	
Description of Proper	'		
·	• •		
Carlo and Carlo			•
Fair Market or	Category I (less than \$5,000)	Category II (\$5,002-524-979)	
Fair Market or Use Value:	Category I (less than \$5,000) Category III (\$25,006 \$100,000)	Category II (\$5,000 \$724,999) Category IV (more than \$1,00,008)	
	Category III [\$25,096-\$100,000]		
Use Value:	Category III (\$25,006-\$100,006)	Category W (more than \$100,008)	
Use Value: [[Filer [[Spouse] Location of Prope	Category III [\$25,006 \$100,000] Both rty State:		
Use Value:	Category III [\$25,006 \$100,000] Both rty State:	Category W (more than \$100,008)	
Use Value:	Category III [\$25,006 \$100,000] Both rty State:	Category W (more than \$100,008)	

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^{*} You are required to disclose the location by country, state, and parish/county.

^{*}You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of advantages.)

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Schedule I: Investment Holdings

M cuscic it not appressie	fare mixestiment program sust exceeds \$2,000).					
∏Filer ∐Spouse ∏Both						
Name of Security:		•				
Description of Security:						
□Filer □Spouse □Both						
Name of Security:						
Description of Security:						
	•					
Piler Spouse Both						
Name of Security:						
Description of Security:						

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^{*} You are required to complete SCHEDULE | If you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

[&]quot;You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government honds; and cash/cash equivalent investments.

^{*} You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, our aforship, or other custodial instrument.

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Schedule J: Transactions

Check if not applicable (a transaction that exceeds \$5,000) □Filer □Spouse □Both Transaction Date: Description of Transaction: Amount of Transaction: Category I (less than \$5,000) Category # (\$5,000 \$24,999) Category III (\$25,000-\$100,800) Category IV (more than \$100,000); □Filer □Spouse □Both Transaction Date: Description of Transaction: Amount of Transaction: Category (describan \$5,000) Category H (\$5,000 \$24,999) Category III (\$25,000-\$1.00,000) Category IV (more than \$100,000) □Filer □Spouse □Both Transaction Date: Description of Transaction: Amount of Transaction: Category I (hearthan \$5,000) Category II (\$5,000-\$24,999) Category in (\$25,000-\$100,000) Category IV (more than \$100,000)

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^{*} You are required to complete SEHEDULE 1 If you or your spouse purchased or sold any immemble property, personally owned too credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immemble property or of any personally owned tax credit certificates; stocks, bonds, or commodities futures (which exceeds \$5,000 each).

^{*} You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product; mutual funds, edization investment accounts, retirement investment accounts, government bonds, cash or eash equivalent investments.

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Schedule K: Liabilities

of recover in the abbut work	(s nabliny mar exceeds \$10,000)
frierSporse	
Name of Creditor:	
Address:	
City, State, Zip:	
Name of Guarantor (If applicable):	
Filer [Spouse	
Name of Creditor:	
Address:	
City, State, Zip:	
Name of Guaranter (If applicable):	
Filer Spouse	
Name of Creditor:	
Address:	
City, State, Zip:	
Name of Guarantor (If applicable):	
Piler Sponse	
Name of Creditor:	
Address:	
City, State, Zip:	
Name of Guarantor (Wapplicable):	

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From are not required to disclose any han secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the lean.

You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan; for personal use unrelated to business.

[&]quot;You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business. *You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(23).

You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyest, or his

principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a

e"Consumer Credit Plansaction" means a consumer ioan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to k.S. 6:969.1 et seq, R.S. 9:3516(13):

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Schedule L: Other Offices/Positions Held Check if not applicable

	·	•	
Name of Office/Position:	,		
Name of Office/Position:			
P			

[&]quot;You are required to complete SCREDULE Lifyou holdony other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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Schedule M: Positions - Business

Check if not applicable

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

							-		
□ PHer	r Spouse	Both							
Name	of Business:		·	·					•
ĺ	Address:								
	City, State, Zip:_								
Busin	ess Description:		, , , , , , , , , , , , , , , , , , ,						
Natur	e of Association:						·,		
	ot of Interest:	9							
[]Filer	r [Spause	Both	<u> </u>		·				
Name	of Business:								
	Address:								
	City, State, Zip:								
Busin	ess Description: _								
Natur	e of Association: _				•				
Ł	ot of Interest:		%						
□Filer	Spouse	Both		AFT-100-1				<u>*, </u>	
Name	of Business:	- <u></u>							
	Address:								
	City, State, Zip:				*************************************				
Busin	ess Description:	:				-			
Natur	e of Association:								
Ameur	et of interest:	đ	%		· · · · · · · · · · · · · · · · · · ·				
							•		

^{*} You are required to complete SCHEDULE IM If you are a member of the Ethics Adjudicatory Soard; a member of the Board of Ethics; or If you serveras administrator of the Ethics Administration.

^{*}You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership. * Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-

employed individual, holding company, bust, or any other legal entity or person. * information disclosed on SCHEDULE & does not have to be restated no: SCHEDURE M.

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eck if not applicable

Schedule N: Income from the State and/or Political Subdivisions

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

□Filer □Spouse □Basiness
Type of Income: State Political Subdivision
Name of Business (if applicable):
Name of Income Source:
Address:
City, State, Zip:
Amount of Income (exact dollar amount): \$
□Piler □Spouse □Business
Type of Income: State Political Subdivision
Name of Business (if applicable):
Name of Income Source:
Address:
City, State, Zip:
Amount of income (exact deliar amount): \$
□Filer □Spense □Business
Type of Income: State Political Subdivision
Name of Business (if applicable):
Name of Income Source:
Address:
City, State, Zip:
Amount of Income (exact dellar amount): \$

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^{*} You are required to complete 50HEDULE M If you are a member of the Ethics Adjudicatory Sourch a member of the Board of Ethics; or If you serve as administrator of the Ethics Administration.

^{*} You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of

[&]quot; "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;income" (for an individual) means taxable iscome and shall not include any income received pursuant to a life insurance policy. * information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.

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Check if not applicable

Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Filer Spouse	
Name of Governmental Engity:	
Nature of Contract/Sub-Contract:	
Value (of thing of economic value) Derived:	•
Filer Spowse	
Name of Governmental Entity:	
Nature of Contract/Sub-Contract:	
Value (of thing of economic value) Derived:	
□Filet □Spouse	
Name of Governmental Estity:	
Nature of Contract/Sub-Contract:	
Value (of thing of economic value) Derived:	
Filer Spouse	
Name of Governmental Entity:	
Nature of Congract/Sub-Contract:	
Value (of thing of economic value) Derived:	

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^{*} You are required to complete SCHEDULE O lifyou are a member of the Etitics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

^{*} You are required to disclose the name of each governmental entity from which you or your spause derives a "thing of economic value" through a contract or subcentract hwolving a governmental entity, including the Louisiana insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, boulding the Property Insurance Association of Louisiana, and any other quasi-public entity.

^{*} You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

^{*&}quot;Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at i.e. R.S. 42:1107(22).